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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 29 FEBRUARY 1948 *Number 2*

The Chances of Reaching Age 65

THE marked decline in mortality in our country since the turn of the century has naturally been accompanied by an increase in the chances of reaching age 65, the usual age for retirement. The improvement in outlook may be gauged from the table on page 2, which shows for white males and for white females, at various ages, the chances of surviving to the threshold of old age according to mortality conditions in 1900–1902, in 1939–1941, and in 1945.

The prospect of celebrating a 65th birthday was not too bright for a boy born at the beginning of the century, the chances being less than 40 in 100; for a boy born about 1940, the chances had increased to 58 in 100; and by 1945, they were more than 60 in 100. Particular interest attaches to the likelihood that a young man just entering employment will attain retirement age. On the basis of mortality conditions around 1900, a young man 18 years of age had 51 chances in 100 of surviving to his 65th birthday; in 1945 the corresponding figure was 65 in 100. With the improvement in mortality since then, the chances have increased further, so that now the chances are fully two in three that a youth of 18 will live to his retirement age.

Men who already are launched on their careers are very likely to live to the end of their productive life. For example, according to the mortality of the white male population of the United States in 1945, the chances of surviving to age 65 are 70 in 100 at age 45, and 78 in 100 at age 55. These figures, as is evident from the table, are well above those at the turn of the century.

Females experience an appreciably lower mortality than males at every age period, and thus have the greater chances of surviving to old age. More than three quarters of the women now under 65 will live to attain that age; at the beginning of the century, the corresponding proportion was not far from three fifths.

At the same time that the prospect of reaching age 65 has improved, so has the outlook for living beyond that age. The expectation of life at age 65 is greater now than in 1900–1902 by one year among males and by two years among females. Currently, white men who reach age 65 can expect to live an additional 12½ years, on the aver-

age; for white females there remain an average of 14¼ years. It is reasonable to expect, moreover, that as additional control is gained over the infections and the other conditions which bring premature death, the average length of life will be extended still further.

The aging of our population is already making itself felt in many

CHANCES PER 1,000 OF SURVIVING FROM A SPECIFIED AGE TO AGE 65, WHITE PERSONS BY SEX, ACCORDING TO LIFE TABLES FOR THE UNITED STATES, 1900–1902,* 1939–1941, AND 1945

AGE	WHITE MALES			WHITE FEMALES		
	1900–1902*	1939–1941	1945	1900–1902*	1939–1941	1945
0	392	583	606	438	687	725
5	485	619	636	525	721	753
10	496	623	639	536	724	756
15	503	626	642	543	727	758
20	514	632	647	555	731	762
25	531	639	653	572	737	767
30	551	647	660	593	744	772
35	575	657	669	617	753	780
40	604	671	681	645	765	790
45	639	692	701	677	781	805
46	648	697	706	685	786	808
47	656	703	711	692	790	812
48	665	709	717	700	795	817
49	675	716	724	709	800	821
50	685	724	732	718	806	827
51	696	733	740	728	812	832
52	707	742	749	738	819	838
53	720	752	759	749	826	845
54	733	763	770	762	834	852
55	748	776	782	775	843	860
56	764	789	795	790	852	868
57	782	805	809	806	863	878
58	801	821	825	824	875	888
59	822	840	843	843	887	899
60	845	860	863	863	902	912
61	870	883	884	885	917	926
62	897	908	909	910	935	941
63	927	935	936	936	954	958
64	962	966	966	966	976	978

*Original Registration States.

directions. A number of official and private agencies concerned with the public health and welfare are giving serious consideration to the needs of old people. One of the most pressing problems is to provide adequate medical and hospital care for the large and increasing number of old people who suffer from disabling chronic conditions.

Recent Marriage Trends

THE marriage rate in the United States has varied more widely in the past decade and a half than in all preceding years beginning with 1867, the first year for which national marriage data are available. The lowest rate ever recorded in our country was 7.9 per 1,000 population in 1932, during the economic depression; the highest marriage rate we have ever known, 16.3 per 1,000, was recorded in the postwar year 1946. This all-time peak in the rate is attributable mainly to the demobilization of our armed forces and to favorable economic conditions. Contributing to a lesser extent, was the remarriage of large numbers of divorced persons.

The marriage rate in 1946, as is evident from the table on page 4, was more than twice the rate in 1932 for the country as a whole. The percent increase, however, varied very markedly for the several States. Delaware showed the largest relative rise, the marriage rate in 1946 being nearly eight times the rate in 1932. Nevada ranked second in this respect, with a rate in 1946 about six times the earlier figure. Other States with marked increases in marriages were Idaho, Wyoming, Kansas, and Iowa—all west of the Mississippi. The States showing the smallest rises were Tennessee, West Virginia, and Florida. Oklahoma was the only State to record a decrease between the years 1932 and 1946. In interpreting these figures, one should bear in mind that although the marriage rate was at a maximum in 1946 for the country as a whole, this was not the case for a number of individual States. Oklahoma and most of the States with small increases in marriages in the period under review, recorded peak rates during the war, or in prior years.

When the States are ranked according to the percent change in marriage rate between 1932 and 1946 they show no definite geographic pattern, but there was a tendency for the Mountain States as a group to record the largest relative gain, and the adjoining Pacific division the smallest.

Despite marked differences in the marriage trend for the various States, the geographic picture with respect to the chances of marriage has not changed essentially. The marriage rate continues to be highest in the Mountain and in the Southern States. Nevada, in a class by itself, recorded a marriage rate of 437.1 per 1,000 population in 1946, or more than ten times the figure for the next

highest State, Arizona. The extraordinary figure for Nevada results very largely from the remarriage of persons divorced there; a secondary factor is the State's rather easy marriage laws.

Our marriage rate in 1947 fell about one eighth from the peak rate of 1946. Present indications are that this trend will continue in 1948, despite the fact that it is a leap year.

MARRIAGE RATES PER 1,000 POPULATION, UNITED STATES, 1932 AND 1946

GEOGRAPHIC REGION AND STATE	1946	1932	PERCENT INCREASE
UNITED STATES	16.3	7.9	106
New England	13.5	6.0	125
Maine	15.4	6.8	126
New Hampshire	19.9	11.5	73
Vermont	11.6	6.7	73
Massachusetts	12.4	5.4	130
Rhode Island	14.3	6.0	138
Connecticut	13.4	5.6	139
Middle Atlantic	13.0	6.8	91
New York	13.3	8.1	64
New Jersey	14.2	5.5	158
Pennsylvania	12.0	5.7	111
East North Central	14.4	6.8	112
Ohio	14.1	4.4	220
Indiana	17.7	11.0*	61
Illinois	15.2	8.4	81
Michigan	13.0	6.0	117
Wisconsin	12.2	4.6	165
West North Central	16.1	7.4	118
Minnesota	13.7	6.6	108
Iowa	12.7	3.2	297
Missouri	12.3	9.4	31
North Dakota	10.3	5.3	94
South Dakota	15.3	10.4	47
Nebraska	11.1	8.5	31
Kansas	37.3	9.0	314
South Atlantic	19.2	9.3	106
Delaware	28.9	3.7	681
Maryland	31.8	13.6	134
District of Columbia	17.9	9.6	86
South Atlantic (*continued*)			
Virginia	15.6	10.0	56
West Virginia	12.9	10.6	22
North Carolina	10.2	3.6	183
South Carolina	30.7	14.6	110
Georgia	25.0	8.8	184
Florida	12.9	10.1	28
East South Central	21.1	9.7	118
Kentucky	30.1	11.8	155
Tennessee	7.2	6.7	7
Alabama	20.1	9.5	112
Mississippi	30.5	11.3	170
West South Central	19.1	9.6	99
Arkansas	27.3	14.1	94
Louisiana	16.3	8.9	83
Oklahoma	10.7	14.2	—25†
Texas	20.6	6.7	207
Mountain	36.3	11.5	216
Montana	27.1	9.2	195
Idaho	15.7	3.3	376
Wyoming	14.7	3.4	332
Colorado	14.3	6.2	131
New Mexico	35.5	20.1	77
Arizona	43.4	17.9	142
Utah	15.4	11.2	38
Nevada	437.1	74.1	490
Pacific	12.7	7.8	63
Washington	20.3	10.1	101
Oregon	9.8	6.9	42
California	11.3	7.3	55

Note—Rates for 1946 are provisional.

*Based on licenses issued. †Decrease.

Source: Rates for 1932 computed by the Statistical Bureau, Metropolitan Life Insurance Company from the number of marriages reported by the Bureau of the Census; rates for 1946, from the National Office of Vital Statistics.

Urban Mortality Higher Than Rural

PEOPLE who live in cities and towns have a higher mortality, on the average, than do people who live in rural areas. Urban life, moreover, is especially hard on males. According to the latest figures available (1940), the death rate among white males was almost one fourth higher in urban than in rural areas, whereas among white females, the urban rate was the higher by only one eighth. The death rates shown in the table on page 6, with detail as to cause, are based on records classified according to place of residence of the deceased. In this way, allowance is made for the many rural residents who die in urban areas to which they are attracted by better medical and hospital facilities. As a further step to ensure comparability, the death rates have been adjusted for differences in the age composition of urban and rural dwellers.

For almost every one of the causes of death listed in the table, the rate is higher in urban than in rural areas, but there are important variations in the amount of the excess for specific causes. For the diseases of the heart (other than rheumatic)—the leading cause of death—the death rate for urban residents was the higher by 40 percent among white males and 29 percent among white females. The excess was even more marked in the case of the diseases of the coronary arteries and angina pectoris, amounting to 63 percent and 37 percent for males and females, respectively. Urban-rural differences of about the same magnitude were found in the death rates from cancer and from diabetes. Other diseases with death rates materially higher in urban than in rural areas are cirrhosis of the liver, ulcer of the stomach or duodenum, appendicitis, hernia and intestinal obstruction, and the gall bladder conditions. For a number of these diseases the excess in urban mortality is in part spurious, and results from more accurate diagnosis and reporting of causes of death. But the conclusion seems inescapable that some of the urban-rural difference in mortality is real, and is a measure of the extent to which living in cities and towns curtails longevity.

Several of the causes of death require special consideration. The mortality from tuberculosis among white males followed the usual pattern, the rate being 20 percent higher in urban than in rural areas; but among white females the situation was reversed. The higher tuberculosis death rate among urban males may be explained by their greater exposure to contacts and to occupational hazards. Urban women, on the other hand, generally lead more sheltered and less strenuous lives than do women in rural areas. Moreover, women in cities and towns bear fewer children than rural women, and hence are less subject to the complicating hazards of pregnancy.

Pneumonia and influenza as a

group is the only cause under review to show a lower death rate in urban than in rural areas for both white males and white females. Among males the difference was trifling, but among females it was quite substantial, the death rate in urban areas being only four fifths of that in rural areas. Less exposure to the elements probably accounts, in part, for this difference in mortality.

For suicide and for homicide the excess urban mortality was higher for white females than for white males, in contrast with the findings for the causes of death previously considered. With respect to suicide, the excess urban mortality amounted to 13 percent among males and to 49 percent among females. It is surprising that homicides among white males were relatively less frequent in urban than in rural areas.

The reader may already have noted that almost all the causes of death which show a marked excess in urban mortality are essentially diseases of middle and later life. It is in accordance with expectations, therefore, to find that at ages 35

AGE-ADJUSTED DEATH RATES FROM SELECTED CAUSES AMONG WHITE PERSONS, BY SEX, IN URBAN AND RURAL AREAS OF THE UNITED STATES, 1940
(BY PLACE OF RESIDENCE)

CAUSE OF DEATH	DEATH RATE PER 100,000				RATIO OF URBAN TO RURAL DEATH RATES	
	WHITE MALES		WHITE FEMALES			
	Urban	Rural	Urban	Rural	White Males	White Females
ALL CAUSES	1,258.1	1,023.3	914.6	818.6	1.23	1.12
Tuberculosis	47.3	39.4	26.1	30.9	1.20	.84
Syphilis	15.5	13.1	5.1	4.6	1.18	1.11
Cancer	139.1	90.6	137.9	105.2	1.54	1.31
Diabetes mellitus	24.5	15.8	37.5	25.3	1.55	1.48
Intracranial lesions of vascular origin	88.3	87.1	82.8	84.0	1.01	.99
Chronic rheumatic diseases of the heart	21.1	19.5	20.5	17.2	1.08	1.19
Diseases of the coronary arteries and angina pectoris	134.6	82.5	51.8	37.9	1.63	1.37
Diseases of the heart, other forms	240.7	172.1	183.1	141.4	1.40	1.29
Pneumonia and influenza	69.5	70.1	50.8	62.4	.99	.81
Ulcer of stomach or duodenum	13.1	8.4	2.3	2.0	1.56	1.15
Appendicitis	13.3	10.4	8.1	6.5	1.28	1.25
Hernia and intestinal obstruction	10.4	8.0	8.5	7.0	1.30	1.21
Cirrhosis of the liver	15.1	7.0	6.6	3.9	2.16	1.69
Biliary calculi and other diseases of gall bladder	5.2	3.0	8.8	7.2	1.73	1.22
Nephritis, all forms	84.0	77.5	67.8	66.4	1.08	1.02
Suicide	24.3	21.5	8.2	5.5	1.13	1.49
Homicide	4.5	5.4	1.4	1.3	.83	1.08

Source: I. M. Moriyama, "Age-adjusted Death Rates in the United States, 1900–1940," Bureau of the Census, Washington, D. C., Vital Statistics—Special Reports, Vol. 23, June 26, 1945. The urban area comprises places of 2,500 or more inhabitants at the census of 1940.

and over the death rate, age for age, is higher in the urban than in the rural population. At the ages under 35, however, the reverse is true, which situation may reflect the less adequate medical and public health facilities available to those living in rural areas.

Marked Decline in Fatal Accidents Among Women

IT IS common knowledge that girls and women are less likely to meet death through an accident than are their more venturesome male counterparts. Nevertheless, the loss of life from accidents among females is far larger than is generally realized. In recent years their annual accident toll in the United States has been in the neighborhood of 30,000 lives. This loss, large as it is, would have been considerably greater had not our mode of living changed markedly in the past third of a century. Modernization has made the American home not only a much more comfortable place, but also a much safer one in which to live and work. Moreover, beyond the gains that have been made on this score, the lives of many women have been saved by the extensive programs carried on to promote safety in the home, on streets and highways, and in industry.

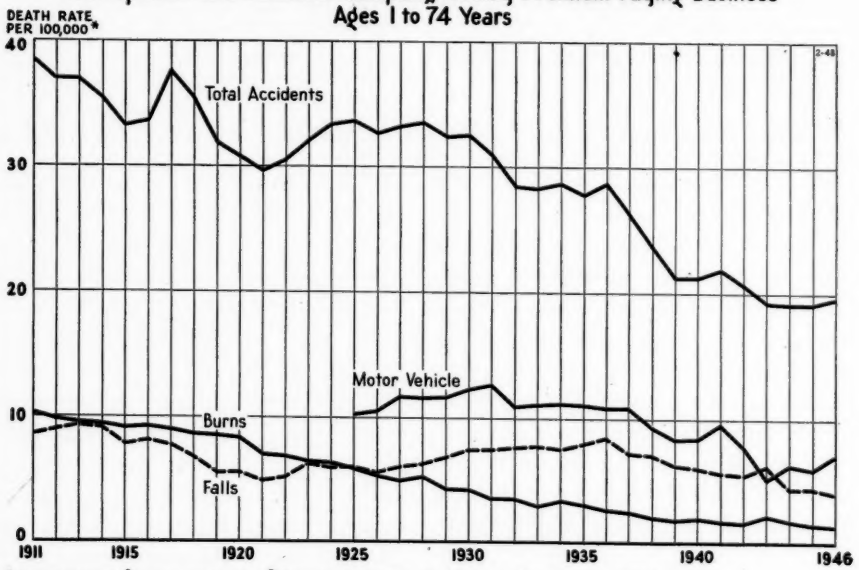
How much safer life has become for girls and women is clearly brought out in the chart on page 8, which shows the trend of the death rate from accidents, over the period 1911 to 1946, among white females (ages 1–74 years) in the Weekly Industrial Department of the Metropolitan Life Insurance Company. The large majority of these policyholders, it should be noted, live in urban areas. In 1946, the age-adjusted death rate from accidents among these females was 19.6 per 100,000, or only a little more than one half the rate of 38.5 in 1911.

In good measure this reduction in the death toll represents the extraordinary decline in the mortality from burns and scalds (exclusive of burns sustained in conflagrations). In 1911, the age-adjusted death rate from this cause among female policyholders was 10.3 per 100,000; by 1946 the rate was down to 1.4, a decrease of fully 86 percent. This is a striking illustration of the effect that modernization of the home has had on safety. Oil lamps and gas, as means of illumination, have given place to the electric light bulb. The traditional coal stove was distinctly more hazardous than the modern gas or electric range. Central heating plants, too, have reduced materially the hazard of burns. Changes in feminine fashions have lessened the chances of having clothing catch fire.

Fatal falls have also recorded a decline over the years, although the trend has not been continuously downward. The death rate among these insured females in 1946 was 4.1 per 100,000, or just about one half what it had been in 1911. Despite this marked decline in mortality,

ACCIDENT MORTALITY AMONG WHITE FEMALES, 1911-1946

Metropolitan Life Insurance Company, Weekly Premium-Paying Business
Ages 1 to 74 Years



*Standardized for age on basis of Standard Million Population of England and Wales, 1901

falls still rank second only to motor vehicles as a cause of fatal accidental injury among females in this insurance experience. The present study, however, being limited to persons under 75 years of age, does not reflect the extremely high death rate from falls at the more advanced ages. Among females at all ages combined, in the general population, falls outrank every other cause of accidental death, including motor vehicles.

What factors have been responsible for the decline in the mortality from falls can only be surmised in the present state of our knowledge. Since falls in and about the home are the largest element in the total mortality from falls among females, better construction of homes, better lighting, and safer home appliances obviously have played a part in decreasing the death toll from this cause. Some credit for the reduction belongs to the organized safety movement, which has been giving more and more attention to accident prevention in the home. More sensibly designed clothing has had some effect as well.

The motor vehicle accident record among insured white females, available beginning with 1925, has also been quite favorable. As is evident from the accompanying chart, the trend of the death rate has in general been downward since 1931, when a peak rate of 12.7 per 100,000 was recorded. During the war years, when motor vehicle travel was

sharply curtailed, the rate was at a very low level, dropping to 5.3 per 100,000 in 1943. Although the death rate has risen since then, it was only 7.1 per 100,000 in 1946, still well below the immediate pre-war level. The recent intensified effort to curb the loss of life from motor vehicle accidents gives high promise of being effective in reducing further the general death rate from accidents among females.

Population at High School Ages to Rise Rapidly

ALTHOUGH our elementary schools are already experiencing the effect of the wartime boom in births, our population at the high school ages is now at the lowest point in two decades. However, as a direct consequence of the almost uninterrupted rise in the birth rate from 1934 to 1947, the number of children eligible to enter high school will increase rapidly in the years to come. As more and more children attain age 14, the population of high school age will rise from about 8,460,000 this year to 11,370,000 by 1960, an increase of fully one third in little more than a decade.

At the same time, the elementary school enrollment will continue to increase until about 1956, when our country will have a record number of children at 6 to 13 years of age.* The total population of elementary and high school age will reach an all-time high of about 34,200,000 in 1958. This means that the boys and girls in the age range 6 to 17 years will increase by at least 25 percent in the next decade.

The upward trend of births since

*STATISTICAL BULLETIN, June 1947, page 3.

ESTIMATE OF SCHOOL-AGE POPULATION IN THE UNITED STATES, 1948 TO 1960

YEAR	NUMBER OF CHILDREN AT SPECIFIED YEARS OF AGE (IN MILLIONS)			PERCENTAGE INCREASE AS COMPARED WITH 1948		
	6–17	14–17	17	6–17	14–17	17
1948	27.3	8.46	2.17			
1949	28.0	8.50	2.15	3	*	— 1
1950	28.6	8.55	2.06	5	1	— 5
1951	29.3	8.70	2.05	7	3	— 6
1952	30.2	8.93	2.22	11	6	2
1953	31.4	9.02	2.20	15	7	1
1954	32.5	9.15	2.21	19	8	2
1955	33.2	9.39	2.28	22	11	5
1956	33.6	9.76	2.30	23	15	6
1957	34.0	10.31	2.33	25	22	7
1958	34.2	10.80	2.45	25	28	13
1959	34.1	11.08	2.65	25	31	22
1960	33.7	11.37	2.85	23	34	31

*Less than 0.5 percent. Minus (—) denotes decrease.

the depression years will eventually affect our colleges and universities. In the years immediately ahead, the number of young people attaining age 17 will decline gradually (reflecting the declining birth rate in the early 1930's), but then the trend will be reversed. By the time most veterans have completed their higher education under the G.I. Bill of Rights, an increasing number of young men and women will be reaching college age.

The educational system in our country obviously is faced with a critical situation. Unless definite measures are taken immediately to prepare and provide additional teaching personnel and facilities, large numbers of American boys and girls will be deprived of an adequate education.

Change in Basis of Computing Industrial Mortality

SINCE 1911, the Metropolitan Life Insurance Company has published detailed mortality data based upon the experience among its many millions of Weekly Premium-Paying Industrial policyholders. Beginning with the current issue of the STATISTICAL BULLETIN, however, the death rates appearing routinely in the table on page 11 and on the back-page chart, will be based upon the combined experience of the Weekly and the Monthly Premium-Paying Industrial policyholders. The base of this insurance experience is being broadened to include the large and growing number of policyholders who hold Industrial insurance on the Monthly Premium-Paying plan. The addition of this growing body of insured will make possible a more accurate appraisal of the current mortality among wage-earners and their families.

The death rates for the Total Industrial Department (Weekly and Monthly) are somewhat lower, age for age, than the rates based on the Weekly business alone, but not enough to impair the comparability of the figures for individual age groups over a period of years. Nevertheless, in order to preserve the strictest comparability of this insurance series, death rates by age to appear in future issues of the BULLETIN will be based upon data computed on the new basis, whenever possible. When this is not possible, as, for example, in a long-time series, the reader will be apprized of the facts.

The death rates *at all ages combined*, presented each month in the table on page 11, are lower for the Total Industrial Department than for the Weekly Premium-Paying branch alone. In like manner, certain causes of death which are concentrated at the later ages of life will also show lower rates. These differences in mortality arise largely out of the fact that the average age of the Monthly policyholders is lower than the average for the Weekly. The death rates shown in the following table are all on the new basis.

CRUDE DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS—*Weekly and Monthly Combined.*
METROPOLITAN LIFE INSURANCE COMPANY

JANUARY 1948

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	Jan. 1948	Jan. 1947	Year		
			1947	1946	1945
ALL CAUSES—TOTAL	734.9	717.6	657.5	685.3	771.1
—Excluding war deaths	*734.8*	*716.6*	*656.9*	*673.7*	*687.3*
Typhoid fever	0.2	0.3	0.1	0.2	0.3
Measles	.2	.3	.2	.6	.2
Scarlet fever	.1	.1	.1	.1	.3
Whooping cough	.4	.6	.5	.6	.9
Diphtheria	.4	.9	.5	.6	.8
Influenza	3.2	3.1	2.5	4.1	3.2
Pneumonia (all forms)	33.3	31.4	21.5	24.4	25.8
Tuberculosis (all forms)	28.8	29.6	30.3	33.9	34.4
Tuberculosis of respiratory system	25.9	26.8	27.4	30.7	31.1
Syphilis	7.0	7.2	6.7	7.1	7.7
Acute poliomyelitis	.3	.8	.5	1.3	.9
Cancer (all forms)	111.1	103.1	107.8	106.2	105.3
Diabetes mellitus	25.3	24.3	23.4	23.4	23.4
Principal chronic cardiovascular-renal diseases	353.5	333.6	305.8	304.3	305.6
Cerebral hemorrhage	66.9	63.5	59.5	59.6	59.7
Diseases of the coronary arteries and angina pectoris	88.5	75.9	71.8	65.4	62.9
Other chronic heart diseases†	160.2	157.0	139.6	142.5	143.7
Chronic nephritis	37.9	37.2	34.9	36.8	39.3
Diarrhea and enteritis	3.0	2.8	3.2	2.8	3.9
Appendicitis	1.7	2.6	3.0	3.3	4.7
Puerperal state—total	2.4	3.4	3.1	3.3	3.6
Suicides	5.7	5.5	7.0	7.2	6.4
Homicides	2.9	2.6	3.5	3.6	3.1
Accidents—total	40.2	45.8	42.2	46.1	53.6
Home accidents	8.4	10.9	9.1	10.1	10.1
Occupational accidents	3.6	4.0	4.9	4.8	5.1
Motor vehicle accidents	15.0	16.4	15.2	15.8	14.6
War deaths (enemy action)	.1	1.0	.6	11.6	83.8
All other causes of death	115.0	118.5	95.1	100.5	103.2

Note—The death rates in this table differ from the rates previously published on the basis of the Weekly Premium-Paying Business alone.

*The rates for 1948 and 1947 are subject to slight correction, since they are based on provisiona estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

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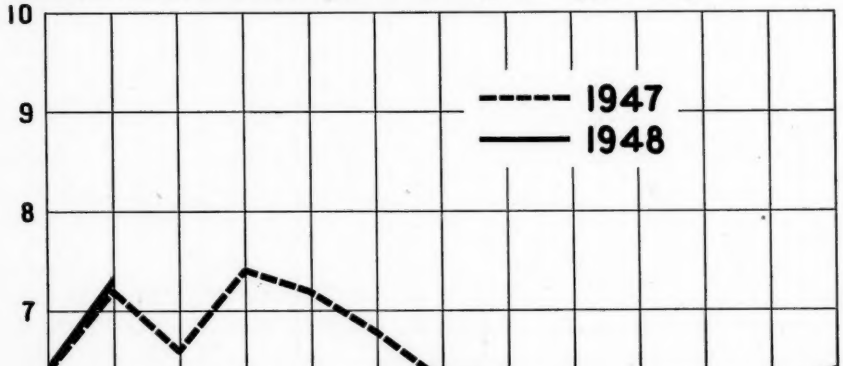
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY · INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 · ANNUAL BASIS (*1947 and 1948 figures are provisional*)



	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1947		7.2	6.6	7.4	7.2	6.8	6.3	6.3	5.9	6.1	6.2	6.2	6.4
1948		7.3											

Note—The death rates in this chart differ from the rates previously published on the basis of the Weekly Premium-Paying Business alone.

P.F.M.—PRINTED IN U.S.A.—32649